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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
With Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number 81230.62US4

First Named Inventor Patrick H. Hayes

**COMPLETE IF KNOWN**

Application Number /

Filing Date concurrent herewith

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A HAND HELD DEVICE HAVING A BROWSER APPLICATION**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/264,767	01/29/2001	

[Page 1 of 4]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the

Patent and Trademark Office connected therewith

☒ Customer Number

25541

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer



Name	Registration Number	Name	Registration Number
			25541

PATENT TRADEMARK OFFICE

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☒ Customer Number  
or Bar Code Label

25541

OR

☐ Correspondance address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname			
Patrick H.		Hayes			
Inventor's Signature				Date	7/1/01
Residence: City	Mission Viejo	State	CA	Country	USA
Post Office Address	22981 Arija				
Post Office Address					
City	Mission Viejo	State	CA	ZIP	92691
				Country	USA

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

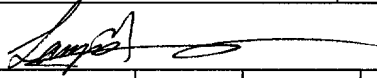
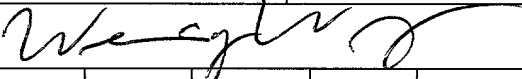
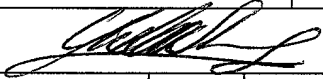
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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 4**

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Steve LanPing				Huang			
<b>Inventor's Signature</b>				<b>Date</b>	07/02/01		
<b>Residence: City</b>	Placentia	<b>State</b>	CA	<b>Country</b>	USA	<b>Citizenship</b>	U.S.
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<b>Post Office Address</b>							
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<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Weidong William				Wang			
<b>Inventor's Signature</b>				<b>Date</b>	7-5-01		
<b>Residence: City</b>	Tustin	<b>State</b>	CA	<b>Country</b>	USA	<b>Citizenship</b>	U.S.
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<b>Post Office Address</b>							
<b>City</b>	Tustin	<b>State</b>	CA	<b>Zip</b>	92780	<b>Country</b>	USA
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Han-Sheng				Yuh			
<b>Inventor's Signature</b>				<b>Date</b>	07/05/2001		
<b>Residence: City</b>	Walnut	<b>State</b>	CA	<b>Country</b>	USA	<b>Citizenship</b>	Chinese
<b>Post Office Address</b>	20006 Esquiline Avenue						
<b>Post Office Address</b>							
<b>City</b>	Walnut	<b>State</b>	CA	<b>Zip</b>	91789	<b>Country</b>	USA

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**Supplemental Sheet**  
Page 4 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Jonathan Christian				Lim			
<b>Inventor's Signature</b>	<i>Jonathan Lim</i>					<b>Date</b>	7-5-01
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<b>Post Office Address</b> 11281 Angada St.							
<b>Post Office Address</b>							
<b>City</b>	Cypress	<b>State</b>	CA	<b>ZIP</b>	90630	<b>Country</b>	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Joyce M.				Presseau			
<b>Inventor's Signature</b>	<i>[Signature]</i>					<b>Date</b>	July 2, 01
<b>Residence: City</b>	Laguna Beach	<b>State</b>	CA	<b>Country</b>	USA	<b>Citizenship</b>	U.S.
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<b>Post Office Address</b>							
<b>City</b>	Laguna Beach	<b>State</b>	CA	<b>Zip</b>	92651	<b>Country</b>	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
<b>Post Office Address</b>							
<b>Post Office Address</b>							
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Country</b>	

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